

1600

PLACE OF BIRTH
 County of Lima
 District of _____
 Town of Miami
 or
 City of _____

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS **143** State Index No. 120
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 232
 Local Registrar's No. _____

(No. _____ St. _____ Ward)

FULL NAME OF CHILD Elmer Ray Holland } Born } YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } NO

Sex of Child M Twin, Triplet or other 1 } and } Number in order of birth 1 Legitimacy legit Date of Birth May 10 1917
 (Month) (Day) (Yr.)

FATHER
 Full Name Joseph Franklin Holland
 Residence Miami
 Color or Race White Age at last Birthday 29 (Years)
 Birthplace Texas
 Occupation office man

MOTHER
 Full Maiden Name Susie Sanders
 Residence Miami
 Color or Race White Age at last Birthday 19 (Years)
 Birthplace Arizona
 Occupation Housewife

Number of child of this mother 1 Number of Children, of this mother, now living 1 Were precautions taken against Ophthalmia neonatorum? Y

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on May 10 1917, at 8 P. M.
 *When there is no attending physician or midwife, then the householder should make this return.
 (Signature) Charles E. Jones MD
 (Attending physician, midwife, householder*)

Given or Christian name added from a supplemental report _____ 1917
 Filed May 15 1917 Address Miami
John H. Lacy LOCAL REGISTRAR
 Filed June 5 1917 True Copy B. J. Fox COUNTY REGISTRAR
584-510-222 COUNTY REGISTRAR.